

**South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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MEDICAID BULLETIN

TO: Physicians, Psychologists, and Licensed Independent Practitioners (LIPs) of Behavioral Health

SUBJECT: Changes to the Prior Authorization Process for LIPs Rehabilitative Behavioral Health Services

Effective January 1, 2011, Alliant Health Solutions, South Carolina Department of Health and Human Services (SCDHHS) Quality Improvement Organization (QIO), will assume the Medicaid Utilization Review of all professional services rendered by enrolled Licensed Independent Practitioners (LIPs). A **new** fax number, **1-888-669-7197**, has been established to facilitate the referral/authorization process for behavioral health services. No Telephone or mail-in requests will be accepted. Requests for prior authorization must be submitted before the service is rendered. The provider of services can expect a response from the QIO within one business day.

The policy requirements and forms necessary to process a referral /authorization are not changing from the current documents. Physicians referring the beneficiary for treatment must submit a fax cover sheet and completed SCDHHS Medical Necessity Statement and/or applicable forms to the QIO at the fax number listed above beginning January 1, 2011. For adult beneficiaries, the physician must also submit a completed SCDHHS LIP Authorization Form and a standardized Diagnostic Assessment or behavioral health screening tool that validates medical necessity. For beneficiaries under 21, the physician's completion of the MNS is adequate for the initial twelve (12) visits. Physicians may only refer beneficiaries who are active on their caseloads.

If additional visits are needed to address the identified goals, reauthorization of services will be required for adults and children. Reauthorization requests must be faxed in two weeks PRIOR to expiration of authorized visits. Failure to obtain reauthorization prior to the provision of services will result in denial or recoupment of payment. To request reauthorization of services for both adults and children, the physician must submit a completed SCDHHS LIP Authorization Form, and an updated standardized Diagnostic Assessment or behavioral health screening tool that validates the medical necessity.

Physician referrals for services not required to be listed on the Individual Plan of Care require only the submission of the completed DHHS LIPs Referral to be faxed to the QIO

and to the LIP rendering the service. The QIO will review the form and fax the authorization. (Please refer to the LIP policy manual for specific services not required to be listed on the Individual Plan of Care.)

Providers may submit inquiries to Alliant Health Solutions for reasons other than request for prior authorizations by using the following secured email: scbh@alliantaso.org or by calling 1-877-807-0448.

Questions regarding this bulletin should be addressed to your program representative in the Division of Family Services at 803-898-2565. Thank you for your continued support and participation in the South Carolina Medicaid Program.

/s/

Emma Forkner
Director

EF/mwcj

NOTE: Note: To receive Medicaid bulletins by email, please register at <http://bulletin.scdhhs.gov/>. To sign up for Electronic Funds Transfer of your Medicaid payment, please go to <http://www.dhhs.state.sc.us/dhhsnew/hipaa/index.asp> and select "Electronic Funds Transfer(EFT) for instructions.